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Recommendation for funding from other resources without a recommendation for funding from regular resources

Oman

Summary

The country programme document for Oman is presented to the Executive Board for discussion and approval. The Board is requested to approve the aggregate indicative budget of $4,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2007 to 2010.

* E/ICEF/2006/10.

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Basic data[*] *(2004 unless otherwise stated)*	
Child population (millions, under 18 years)	1.1
U5MR (per 1,000 live births)	13
Underweight (% moderate and severe, 1998)	18
Maternal mortality ratio (per 100,000 live births)*	19
Primary school enrolment (%, net male/female, 2002/2003)**	72/72
Primary schoolchildren reaching grade 5 (%, 2001-2002)	98
Use of improved drinking water sources (%, 2002)	79
Adult HIV prevalence rate (%, end 2003)	0.1
Child work (%, children 5-14 years old)	—
GNI per capita (US$)	***
One-year-olds immunized against DPT3 (%)	99
One-year-olds immunized against measles (%)	98

[*] More comprehensive country data on children and women are available at www.unicef.org.

* The WHO/UNICEF/UNFPA estimate for MMR is 87 per 100,000 live births for 2000. This estimate is adjusted for misclassification and underreporting.

** The latest statistics from the Omani Ministry of Education are 90/90.

***Range: $3,256-$10,244.

The situation of children and women

1. Almost half of Oman's total population are children and young people aged 18 years or below. Of close to 2.4 million people, 1.8 million are Omani (and of 1.1 million under age 18 years, close to 1 million are Omani). The country is expected to meet almost of all the Millennium Development Goals. In recent years, urbanization has been rapid. The economy continues to show signs of growth, funded extensively by oil revenues, and a programme to modernize the social and physical infrastructure is underway. However, oil resources are limited. The Government needs to enhance employment levels to satisfy job demands of a growing population, and the non-oil-related industries need to expand to meet these future demands. With attractive legislation in place for foreign investors and large industrial projects underway, the Government is hoping to see great change.

2. With a net primary school enrolment rate of 90 per cent, the Ministry of Education continues to work towards achieving Millennium Development Goal 2. The country has made considerable headway in improving enrolment rates, despite education not being compulsory. Currently, female participation in education is at 48 per cent, representing a 0.24 per cent increase per annum. As these numbers increase, closing in on Millennium Development Goal 3 - gender equality in education - becomes more challenging, requiring new approaches to realize this achievement.

3. Throughout the 2004–2006 cycle, steady efforts were made to increase pre-school enrolment rates from less than 10 per cent to approximately 14 per cent.

4. In the realm of employment, female participation remains relatively low, with only 19 per cent of women economically active. In the government sector, 36 per

cent of Omani employees are female, but in the private sector that number falls to 17 per cent.

5. Oman is expected to realize Millennium Development Goal 4, reducing child mortality by two thirds, with an under-five mortality rate expected below the targeted level for 2015, at 11 per 1,000 live births, and an infant mortality rate very close to the target. However, it is particularly significant that an epidemiological transition has taken place, so that diseases are no longer the major cause of infant and child mortality. Due to the success of the immunization programme in Oman and other interventions, perinatal conditions are now the main causes of infant mortality and road traffic injuries are the leading cause of death in children aged 1–15 years (in 2004), accounting for 16 per cent of deaths. Roughly 7 per cent of health institution-reported deaths for children in this age group were from injuries and poisonings, many due to road traffic injuries.

6. In 2004, UNICEF supported the Ministry of Social Development in organizing the first national workshop on the sensitive subject of child abuse and neglect, including female genital mutilation and cutting (FGM/C), helping to start to break the silence around and shed some light on these topics. The issue of FGM/C was first mentioned in the 2001 knowledge, attitude and practices survey of secondary school students, which showed that 80 per cent of adolescent males and females considered female circumcision 'necessary and important'. Oman's second regular report to the Committee on the Rights of the Child stated that 85 per cent of females of all ages accept the practice of female circumcision, with those having been circumcised reaching 53 per cent, 46 per cent having had partial cutting and 8 per cent the more severe form. There is a need to review existing legislation, regulations and implementation of programmes.

7. Maternal nutrition continues to be a major concern since the most common and serious problem in pregnancy is iron-deficiency anaemia. The National Health Survey found that 41 per cent of young women aged 12–19 years, 43 per cent of pregnant women aged 15–49 years and as many as 30 per cent of all women aged 20–49 years had anaemia. Regionally, the prevalence of anaemia among pregnant women was 56 per cent in the Dhahira region and 52 per cent in the Muscat region. According to the Annual Health Report (2004), around 32 per cent of pregnant women had anaemia.

8. The maternal mortality ratio declined from 27 to 19 per 100,000 live births, a reduction of 32 per cent. Oman is confident that it will reach this Millennium Development Goal target. It is important to note that currently, the breakdown of the causes of mortality is not accessible. In 2004, 95 per cent of all births were attended by skilled health personnel.

9. A full investigation into the HIV/AIDS situation, carried out in January 2005, showed not only that Oman remains a low-prevalence country with a rate of at 0.1 per cent for the 15-49 year age group but also that the number of new cases has stabilized at roughly 80 per year. The reported modes of transmission are sexual (homo/heterosexual) (62 per cent); intravenous drug use (4 per cent); mother-to-child (4 per cent); multiple modes (12 per cent); and unknown (26 per cent). A cause for concern is the steady increase in infection rates of sexually transmitted disease, which rose from 33 per 100,000 in 2000 to 72 in 2003. In addition, low awareness of risks combined with a concentrated increase among young people is another major cause for concern.

10. There have been no recorded cases of avian influenza so far in Oman. The Government has already developed a comprehensive preparedness and response plan, stepped up surveillance and public information activities and established a 24-hour hotline.

Key results and lessons learned from previous cooperation, 2004-2006

Key results achieved

11. Oman ratified the two Optional Protocols to the Convention on the Rights of the Child by issuance of Royal Decree No. 41/2004. Additionally, the Sultanate completed and submitted its second regular report to the Committee on the Rights of the Child.

12. A significant breakthrough in 2005 was the passing of a Royal Decree on camel racing, which for the first time set standards for the age, nationality and protection of riders, specified categories according to the age of the camel and the distance it may race, and mandated the use of protective attire and other measures for riders. The Decree states that within five years no one under 18 years of age - no more children - will be used in racing.

13. Successful work in the area of malnutrition reduction has provided valuable insight and a greater understanding as to what is needed to develop a well-focused communication campaign to promote practices and attitudes leading to better childcare and nutrition.

14. In the areas of HIV/AIDS, education and improving maternal health, Millennium Development Goal targets appear to be within reach, with commendable progress made in all areas.

15. Considerable progress has been made in developing a strategy and resource materials promoting the development of life skills for healthy lifestyles among adolescents. For the first time, adolescents themselves were involved in the project design and the development of materials.

16. Key advances have been made in promoting gender equality and empowering women, with ratification of the Convention on the Elimination of All Forms of Discrimination against Women in 2005, along with the passing of a labour law setting standards for women's work including the number of hours and time of day.

17. A major achievement that established a new modality of cooperation for UNICEF globally has been the successful completion of a three-year programme of cooperation funded by other resources from the Government of Oman. In addition to funding the programme budget and some operational expenses, the Government seconded four officers from the Ministries of Health, Education, National Economy and Social Development to work as part of the UNICEF team. This was a highly valued programmatic contribution which in turn contributed to the building of national capacities through greater access to training, international expertise and networks, as well as experience in the work of an international organization.

Lessons learned

18. The midterm review (MTR), which was carried out in May 2005 in close collaboration with all four principal counterpart line ministries, showed that in order to guarantee that emerging issues are dealt with effectively and efficiently, all relevant sectors must collaborate more closely, have common agendas, share resources and expertise and make data readily accessible.

19. With laudable investments and successes in the strengthening of service delivery systems, particularly in the health and education sectors, the remaining development challenges concerning the well-being and rights of children and women are now largely behavioural and social in nature, rather than infrastructural. Thus, the inclusion and/or strengthening of communication strategies in programmes is essential, as are enhanced partnerships with the media and other communication channels. Strengthening partnerships with the private sector would also increase the exercising of corporate social responsibility and the sustainability of programmes.

20. Better quality control is required to ensure that all research and subsequent reporting are of the highest standard and undisputable on national and international platforms. The establishment of a central database would aid considerably in this endeavour.

21. An important emerging issue which has now come to the forefront in the Sultanate is that of preventing and controlling child injuries. Administrative data have shown that there has been an epidemiological transition and that injuries, many of them preventable, are now the leading cause of childhood morbidity and mortality for children aged 1-18 years. This is an area that will require much more attention and multisectoral efforts in the coming years.

22. All counterpart ministries highlighted that the UNICEF role and value added should be in providing high-quality technical expertise; international experience and exchanges; capacity-building; breaking of the silence around challenges; and support in adopting, implementing and reporting on the achievement of international standards in Oman. Good practices pioneered in the Sultanate have been shared through the partnership, such as the past rapid reduction of under-five mortality rates; the establishment of the Community Support Group Volunteers network with over 3,500 members; and comprehensive HIV/AIDS integrated services which include a hotline and outreach programme.

The country programme 2007-2010

Summary budget table

Programme	*Other resources*
Family and childcare and development	1 000
Protection and participation of children and adolescents	1 000
Communication and resource mobilization	600
Monitoring and evaluation	400
Cross-sectoral costs	1 000
Total	**4 000**

Preparation process

23. A strategy paper and draft country programme document on future cooperation were drafted based on the outcome of the MTR as well as meetings held with members of the Steering Committee established during the MTR process. Under-Secretaries from the principal counterpart line ministries provided comments and overall approval.

24. The proposed programme was designed to contribute to the achievement of relevant priorities of the UNICEF medium-term strategic plan, the Millennium Development Goals, the principles and standards of the Convention on the Rights of the Child, the goals and targets of *A World Fit for Children* and the Seventh Five-Year Plan of the Sultanate of Oman. The recommendation for a four-year programme of cooperation was endorsed in order to synchronize objectives and targets with the Sultanate's Seventh Five-Year Plan for 2006-2010.

Goals, key results and strategies

25. The overall goals of this country programme are: (a) to support and advocate for the development and implementation of laws, policies and actions in conformity with the Convention on the Rights of the Child; (b) to promote the development of children to their full potential, to become capable of living healthy and active lives with access to knowledge relevant to their needs; and (c) to promote the empowerment of adolescents to be prepared for adulthood, able to participate in decisions affecting their lives.

26. The new country programme will contribute to the following key results by 2010:

(a) A national database system developed and made accessible to all partners, monitoring a comprehensive range of child rights, identifying and addressing regional disparities;

(b) The growing concern of preventable injuries, now the leading cause of child morbidity and mortality between for the 1-18 year age group, in particular road traffic accidents, to be addressed;

(c) Access to preschools expanded by at least 25 per cent of the established percentage of coverage;

(d) Existing key interventions such as Integrated Management of Childhood Illness (IMCI) and perinatal and neonatal care including universal neonatal screening for selected disorders, scaled up and improved;

(e) Early diagnosis of disabilities improved and expanded and the types of services and support available strengthened;

(f) Focus on so called sensitive challenges concerning women and children and at-risk children and women subsequently identified, ensuring a coordinated and comprehensive set of services and support;

(g) The percentage of young people living with HIV reduced by 25 per cent;

(h) Special attention to adolescents, expanding on the initiative for developing basic life skills and further promoting healthy lifestyles, e.g., continued schooling, physical activity and nutrition;

(i) Community- and/or family-based options for children currently in institutions identified and promoted.

27. This new country programme is broken down into four strategy components, as described below.

28. A child rights-based approach using the Convention on the Rights of the Child, ratified by the Government of the Sultanate of Oman in 1996 as the basic framework for UNICEF support, will be an underpinning strategy to bring about fundamental changes as required. Building on the momentum attained as a result of current initiatives, the strategy seeks to realize relevant provisions of the Convention, including through greater involvement of communities and other partners so that they fulfil their obligations as duty bearers.

29. Many activities to be implemented under the recommended programme contribute to overall human resources development, particularly of the younger generation, which will help to ensure skilled human resources in the Sultanate, as well as: (a) safeguard past achievements; (b) contribute to further capacity-building; and (c) enhance collaboration with institutions in the public and private sectors to initiate studies on cost-effectiveness and help to respond adequately to child development and protection issues.

30. The development of good practices and models will make a global contribution from Oman towards forging new modalities of cooperation with international partners as well as increase sustainability. Building on the successful example of cooperation underway, the strategy will emphasize Oman's leading role in the following interrelated areas for replication in the Gulf subregion and possibly other countries in transition by: (a) strengthening the capacity of a national body to assume the role of monitoring and reporting on the implementation of the Convention on the Rights of the Child, and act as overall defender of child and family concerns; (b) setting up and maintaining a centralized knowledge and database network on children's and women's indicators and priorities; and (c) continuing to allocate the necessary funds from national and local sources to enable further cooperation and exchanges with international partners, including UNICEF. Arrangements will be based on mutual agreement on sharing modalities, so that there is equitable provision of support.

31. Communication, partnership-building and resource mobilization strategies will be used to support the achievement of the programme's objectives and increase sustainability by engaging a wider range of partners for whom the well-being and fulfilment of the rights of children, women and families is a shared responsibility.

Relationship to national priorities and the United Nations Development Assistance Framework

32. The country programme is in line with the overall goals of the Government's Seventh Five-Year Development Plan. In the area of health, the programme addresses nutrition and the promotion of adolescent health including through prevention of risky behaviours such as those leading to road traffic injuries and HIV/AIDS infection, all of which are priorities in the Ministry of Health's Five-Year Development Plan. The extent and nature of emerging and sensitive issues such as FGM/C will also be investigated. The programme will address the Ministry of Education's priorities, which are the expansion and awareness of pre-school

learning, greater attention to special needs and the integration of the Convention on the Rights of the Child into the education system. In accordance with the Development Plan of the coordinating Ministry of Social Development, detailed attention will be focused on child protection and systematic monitoring of implementation of the Convention.

33. Long-standing collaboration with the resident office of the World Health Organization (WHO) will be continued, including in a number of project areas such as IMCI, the Baby-Friendly Hospital Initiative, HIV/AIDS programming and road safety promotion, for which WHO has been designated the global coordinator within the United Nations system.

34. The establishment of the Gulf subregional office of the United Nations Population Fund in the Sultanate is a positive step forward, as it brings additional resources and expertise in various needed areas and will help to strengthen inter-agency relations. With this addition to the United Nations presence in the Sultanate, the conducting of a Common Country Assessment and the development of a United Nations Development Assistance Framework may be considered.

Relationship to international priorities

35. The country programme contributes directly to Millennium Development Goals 1, 2, 4, 5 and 6 - the eradication of extreme poverty and hunger, universal primary education, reduction of child mortality, promotion of maternal health and combating HIV/AIDS. Additionally, the new programme contributes to the protection of children against neglect, abuse and exploitation, promoting healthy lives and providing quality education, all in agreement with the goals of *A World Fit for Children*.

Programme components

36. The **family and childcare and development** programme is designed to address family nutrition concerns, particularly among women and children, as well as access to health care facilities and pre-school enrolment and learning. The programme has two projects: (a) the child and adolescent health and nutrition project, which aims to augment the quality of adolescent and child health and to increase access to health-care facilities; and (b) the childhood care and education project, which aims to improve awareness of pre-school learning, investigate means of developing basic education and enhance facilities afforded to children with special needs.

37. The expected key results of the programme include: (a) access to pre-schools expanded by at least 25 per cent of the current coverage rate, (b) helping to develop the basic education system; (c) scaling up and improve existing key interventions such as IMCI, perinatal and neonatal care including screening for selected disorders; and (d) improving and expand early diagnosis of disabilities and integration of children with disabilities into social and community services, followed by assessments to ensure adequate support and care.

38. The **protection and participation of children and adolescents** programme is designed to address preventable injuries, reporting on child abuse and neglect, FGM/C, adolescent health and child rights. The programme has three projects: (a) the protection of children from abuse, violence and neglect project, which aims

to address the growing concerns of preventable injuries, in particular road traffic injuries, create a systematic process of registering and coordinating adequate responses, follow-up and monitoring of child abuse, violence, and/or neglect cases, and include FGM/C among child protection priorities; (b) the development of life skills and promotion of healthy lifestyles among adolescents project, which aims to increase the fulfilment of the potential of adolescents and promote their health, well-being and participation; and (c) the promotion of the Convention on the Rights of the Child project, which aims to integrate the Convention into the education system and generally enhance public awareness and internalization of its articles and principles, towards greater and broader fulfilment of obligations.

39. The anticipated key results from this programme include: (a) addressing the growing concern of preventable injuries; (b) special attention to adolescents, particularly in the areas of more successful transition to adulthood and assumption of adult responsibilities, prevention of risky behaviours, continued schooling and healthier lifestyles; (c) inclusion of FGM/C among child protection priorities; and (d) identification and promotion of community-based options for children currently in institutions.

40. The communication and resource mobilization programme has two projects: (a) programme communication, which aims to influence the attitudes and behaviours of all members of society so that issues concerning children, women and families are understood, internalized and accorded sufficient priority and resources, so that their situation and well-being may be further improved, including through the achievement of programme objectives and goals in line with global agreements and standards; and (b) the media and information project, which aims to strengthen partnerships with the media and enhance their role in addressing children's priorities in the Sultanate.

41. The anticipated key results include: (a) furthering the achievement of programme objectives, including through increasing awareness of national child priorities and of articles and principles of the Convention on the Rights of the Child, and understanding of shared responsibilities; (b) placing children's issues higher on the national agenda; (c) more open and frequent addressing of child protection and development issues; and (d) mobilization of resources necessary for programme implementation and sustainability.

42. The **monitoring and evaluation** programme is designed to ensure effective programme planning, implementation and performance through two projects: (a) the country programme management project, which aims to provide technical expertise in support of regular monitoring and reporting on the Convention and related indicators, undertake systematic monitoring of programme implementation and performance, and conduct studies, surveys and other forms of applied research on the situation of children, women, families and youth to ensure access to services and the fulfilment of their rights; and (b) the children and women's database project, which aims to set up a central knowledge and database network linked to the *DevInfo* initiative, monitoring the situation of children, women, families and youth.

43. The anticipated key results of the monitoring and evaluation include: (a) successful implementation with adequate funding for the country programme of cooperation; and (b) development of a knowledge and national database system accessible to all, on the complete range of child rights and various women's issues,

identifying and addressing regional disparities as well as overcoming any obstacles to information sharing.

44. As with the previous collaboration, **cross-sectoral costs** will cover such expenses as utility bills, fuel and car maintenance, furniture and office equipment/supplies and the service costs of support staff such as drivers and a bilingual secretary. Many of the operational expenses that in the past were covered by the UNICEF support budget are now covered by this cross-sectoral budget item.

Major partnerships

45. The Ministry of Social Development will continue to assume responsibility as focal point for the country programme of cooperation between the Government of Oman and UNICEF. The Ministry of Foreign Affairs will continue to be the focal point for all issues related to UNICEF in country representation and diplomatic affairs.

46. The projects and activities of the country programme are designed in such a way that intersectoral collaboration is required for the achievement of all key results. While the Ministries of Social Development, Education, Health and National Economy are each expected to assume focal point responsibility for certain projects or subprojects, the involvement of other governmental and non-governmental bodies in the same project or subproject will be essential for the effective achievement of planned results. These four principal counterpart ministries have stated that they wish to be the focal points and conduit for all other governmental and non-governmental bodies wishing to approach and/or work with UNICEF on any relevant programme area.

Monitoring, evaluation and programme management

47. Monitoring and evaluation are vital cross-cutting strategies and programme activity components, and are essential to programme management. Indicators for the Millennium Development Goals will be used to monitor progress under the country programme. Past cooperation has shown a distinct need for more concentrated efforts in monitoring and evaluation. In order to ensure adequate prioritization and high-calibre technical capacity, and to ensure full integration into programmes and annual work plans, one component of the country programme will be dedicated to these areas of activity.